

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2007 OF THE CONDITION AND AFFAIRS OF THE

Community Choice Michigan

	0000 , _	0000 (Prior Period)	NAIC Comp	any Code	95562	Employer's ID	Number	38-3252216		
Organized under the Laws of	,	Michigan		State o	f Domicile	or Port of Entry	М	ichigan		
Country of Domicile	<i></i>	gan		, Grate 6		or roll of Lifting _		ionigan		
Licensed as business type:	Life Accident	t & Health []	Prone	rty/Casualty [tal Service Corpora	tion []			
Licensed as business type.	*	e Corporation []	•	, , , , ,		Ith Maintenance Or		'1		
		dical & Dental Ser				MO, Federally Qual		-		
	•		vice of inden	ııııy []	13 11	ivio, i ederally Qual				
Incorporated/Organized		05/24/1995		_ Commenced	Business		08/01/1996	5		
Statutory Home Office		2369 Woodlake D		,			os, MI 48864			
		(Street and N	umber)			(City or Town	, State and Zip Co	ode)		
Main Administrative Office				2369 Woo	dlake Dr, Set and Number					
	cemos, MI 4886 Town, State and Zip			(5		517-349-992 (Area Code) (Telephone				
Mail Address	•	dlake Dr, Suite 20	20			Okemos, M	,			
- Mail Addiess		Number or P.O. Box)								
Primary Location of Books ar	nd Records			2369 Woodlake Dr, Suite 200						
Ok	cemos, MI 4886	64			(Stree	t and Number) 937-531-220	6			
(City or	Town, State and Zip	Code)				(Area Code) (Telephone	Number)			
Internet Website Address				WWW.CC	mhmo.org					
Statutory Statement Contact	Pamela S. Se	edmak				31-2206	encion)			
pamela.se	dmak@csmg-c			(Area Code) (Telephone Number) (Extension) 931-531-2676						
	(E-mail Address)					(FAX Number)				
			OFF	ICERS						
Name	_	Title			Name			Title		
Pamela B. Morris # R. Daniel Sadlier #	, Pre	sident/Chief Exec Secretary/Trea		Ke	evin R. Bro	<u>wn #</u> ,	, Board Chairman			
	,			OFFICER	S					
Pamela S. Sedmak #	<u> </u>	Chief Financial	Officer		Dan Paqui	n #,	Chief Op	erating Officer		
Craig Thiele M.D. #	,	Chief Medical				,				
Pamela B. Morris #		DIRI R. Daniel Sad		OR TRUS	Vin R. Brov	wn #	Patric	ia Teague		
Evonne Williams		John M. Rockwo			VIII IX. DIOV	νιι π	1 4110	ia reague		
State of										
County of		S	3							
•										
The officers of this reporting enti- above, all of the herein described	assets were the	absolute property o	f the said report	ting entity, free an	d clear from	any liens or claims the	ereon, except as	s herein stated, and that		
this statement, together with relat of the condition and affairs of the	said reporting e	ntity as of the report	ing period state	ed above, and of i	ts income ar	nd deductions therefrom	m for the period	d ended, and have been		
completed in accordance with the that state rules or regulations req										
respectively. Furthermore, the science exact copy (except for formatting	ope of this attesta	ation by the describe	ed officers also	includes the relat	ed correspoi	nding electronic filing v	with the NAIC, v	vhen required, that is an		
to the enclosed statement.		, o.oo. o ,g, o.			g	ay 20 roquostou 29 r	anous regulate.			
Pamela B. M President/Chief Exe				la S.Sedmak nancial Officer	<u></u>		Kevin R. B Board Chai			
i resident/Offici Exe	Outive Officel		OHIEL FI							
Subscribed and sworn to be	efore me this				a. Is b. If	this an original filin no,	ıg?	Yes [X] No []		
day of	,				1.	State the amendm	ent number	00/04/0000		
						Date filed Number of pages a	attached	03/01/2008		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

LAIIIDII E AGG					•	_
Name of Debtor	1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	ნ Nonadmitted	Admitted
1199999 Total individuals	. oc zaje	0. 00 Days	0. 00 Eajo	0.0.002430	. 10.100.1111100	7.0
Group subscribers:						
	······					
)299997 Group subscriber subtotal	0	0	0	0	0	(
1299998 Premiums due and unpaid not individually listed 1299999 Total group 1399999 Premiums due and unpaid from Medicare entities	0	0	Λ		l	
399999 Premiums due and unpaid from Medicare entities						
1499999 Premiums due and unpaid from Medicaid entities	40,000	42,497	1,319,678	39,321	0	1,441,496
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	40,000	42,497	1,319,678	39,321	0	1,441,496

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	I 4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Individually Listed Receivables: Express Scripts. First Health			j			
Express Scripts		73,490	73,771		.298,074	217 ,928
First Health	337,025			, , , , , , , , , , , , , , , , , , ,	,	217 ,928 337 ,025
0199999 – Totals – Pharmaceutical rebate receivables	407,692	73,490	73,771	298,074	298,074	554,953
0299998 - Aggregate of amounts not individually listed above.				104 , 166	41,667	62,499
0299999 - Totals - Claim Overpayment Receivables				104 , 166	41,667	62,499
0499998 - Aggregate of amounts not individually listed above.	284,093	140,287	33,877	8,516		
0499998 - Aggregate of amounts not individually listed above. 0499999 - Totals - Capitation Arrangement Receivables	284,093	140,287	33,877	8,516		466,773
0699998 - Aggregate of amounts not individually listed above.	3,691					3,691
0699999 - Totals - Other Receivables	3,691					3,691
	•••••					
						
	·····	†				
		ļ				
0799999 Gross health care receivables	695,476	213,777	107,648	410,756	339,741	1,087,916
U/99999 GIUSS HEAITH CAIE TECEIVADIES	695.4/6	213.777	107.648	410.756	339.741	1.087.916

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	l Claims							
1	2	3	4	5	6	7			
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total			
Claims Unpaid (Reported)									
	•								
			•			•			
	†		•			•			
	†								
	†								
	†								
0199999 Individually listed claims unpaid	0	0	0	0	0	0			
0299999 Aggregate accounts not individually listed-uncovered.	4, 180, 137	187 , 423	5 , 129	4.440	138,901	4,516,030			
0399999 Aggregate accounts not individually listed-covered	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 120			0			
0499999 Subtotals	4,180,137	187,423	5,129	4.440	138,901	4,516,030			
0599999 Unreported claims and other claim reserves									
0699999 Total amounts withheld						9,205,244 278,260			
0799999 Total claims unpaid						13,999,534			
0899999 Accrued medical incentive pool and bonus amounts						10,000,004			
posasas Accided inedical inecitive pool and bonds amounts						U			

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables:							
							ļ
0199999 Individually listed receivables	0.070.000	J	J0	J0	J0	0.070.000	0
U299999 Receivables not individually listed	2,976,060		0	0	0	2,976,060	
0399999 Total gross amounts receivable	2,976,060	0	0	0	0	2,976,060	0

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Community Choice Michigan

5 Non-Current 264,802 264,802 4 Current 264,802 264,802 3 Amount **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES** 2 Description Affiliate 0199999 Individually listed payables...... 0299999 Payables not individually listed 0399999 Total gross payables

EXHIRIT 7 DART 4 - SIIMMARY OF TRANSACTIONS WITH DROVIDERS

	-	2	က	4	5	9
	Direct Medical	Column 1	Total	Column 3	Column 1	Column 1
	Expense	as a % of	Members	as a % of	Expenses Paid to	Expenses Paid to
Payment Method	Payment	Total Payments	Covered	Total Members	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.0		0.0		0
2. Intermediaries	1,455.	1.4		0.0		1,455,166
3. All other providers		18.9		0.0		20,165,985
4. Total capitation payments	21,621,	20.2	0	0.0	0	21,621,151
Other Payments:						
5. Fee-for-service	8,658,477	8.1	××	×		8,658,477
6. Contractual fee payments	69,973,638	65.4	××	××		69,973,638
7. Bonus/withhold arrangements - fee-for-service	6,691,209	6.3	XX	XX	3,880,388	2,810,821
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XX	XX		
9. Non-contingent salaries	0	0.0	XX	XX		
10. Aggregate cost arrangements.	0	0.0	XX	XXX		
11. All other payments	0	0.0	X	XX		
12. Total other payments		79.8	XXX	XXX	3,880,388	81,442,936
13. Total (Line 4 plus Line 12)	106,944,475	100 %	XXX	XXX	3,880,388	103,064,087

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	CHARLEMINI THE CHOROLOGORAN TO LARVING 2 LARVIN LIGHT			n	
1	2	3	4	2	9
			Average	6, 20 in constant	Intermediary's
NAIC Code	Name of Intermediary	Capitation Paid	Montriiy Capitation	Intermediary's Total Adjusted Capital	Authorized Control Level RBC
999999 Totals		0	××	×	XX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	-	1	2	3	4	5	6
Description		Gost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment							
Medical furniture, equipment and fixtures							
Pharmaceuticals and surgical supplies							
Durable medical equipment							
Other property and equipment							
6. Total		0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Community Choice Michigan

2.

						<u>, </u>		(LOCATION)		
IC Group Code 0000 BUSINESS IN THE STATE O	F Michigan			DURING THE YEAR	2007			NAI	C Company Code	95562
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	49,163								49 , 163	
2 First Quarter	49,865								49,865	
3 Second Quarter	49,678								49,678	
4. Third Quarter	48,490								48,490	
5. Current Year	47,956								47,956	
6 Current Year Member Months	589,046								589,046	
Total Member Ambulatory Encounters for Year:										
7. Physician	245,741								245,741	
8. Non-Physician	172,160								172,160	
9. Total	417,901	0	0	0	0	0	0	0	417,901	
10. Hospital Patient Days Incurred	22,219								22,219	
11. Number of Inpatient Admissions	4,155								4,155	
12. Health Premiums Written (b)	137,641,398								137 ,641 ,398	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	137,641,398								137 , 641 , 398	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	106,944,475								106,944,475	
18. Amount Incurred for Provision of Health Care Services	113,964,338								113,964,338	

(a) For nealth business: number of persons insured under PPO managed care products and number of persons under indemnity only products	a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Community Choice Michigan

2.

								(LOCATION)		
NAIC Group Code 0000 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR	2007				IC Company Code	95562
	1	Compret (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Onlv	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:			P			- 1	-			
1. Prior Year	49,163	0	0	0	0	0	0	0	49 , 163	
2 First Quarter	49,865	0	0	0	0	0	0	0	49,865	
3 Second Quarter	49,678	0	0	0	0	0	0	0	49,678	
4. Third Quarter	48,490	0	0	0	0	0	0	0	48,490	
5. Current Year	47,956	0	0	0	0	0	0	0	47,956	
6 Current Year Member Months	589,046	0	0	0	0	0	0	0	589,046	
Total Member Ambulatory Encounters for Year:										
7. Physician	245,741	0	0	0	0	0	0	0	245,741	
8. Non-Physician	172,160	0	0	0	0	0	0	0	172,160	
9. Total	417,901	0	0	0	0	0	0	0	417,901	
10. Hospital Patient Days Incurred	22,219	0	0	0	0	0	0	0	22,219	
11. Number of Inpatient Admissions	4,155	0	0	0	0	0	0	0	4,155	
12. Health Premiums Written (b)	137 ,641 ,398	0	0	0	0	0	0	0	137 ,641 ,398	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	137 ,641 ,398	0	0	0	0	0	0	0	137 , 641 , 398	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	106,944,475	0	0	0	0	0	0	0	106,944,475	
18. Amount Incurred for Provision of Health Care Services	113,964,338	0	0	0	0	0	0	0	113,964,338	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ ______0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31, prior year.	0
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	0
	2.2 Totals, Part 3, Column 8	0
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbances Column 2)	0
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14	0
	4.2 Totals, Part 3, Column 10	0
5.	Total profit (loss) on sales, Part 3, Column 15	0
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	0
	6.2 Totals, Part 3, Column 9	0
7.	Amounts received on sales, Part 3, Column 12 and Part 1, Column 13	0
8.	Book/adjusted carrying value at end of current period	0
9.	Total valuation allowance	
	Subtotal (Lines 8 plus 9)	0
	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interes of montage and ed. [In terms of a second or secon
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions0
3.	Accrual of discount and mortgage interest points and commitment fees
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
	Total nonadmitted amounts
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets and December 1 of tion year.
2.	Cost of acquisitions during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount
4.	Increase (decrease) by adjustment
5.	Total profit (loss) on sale
6.	Amounts paid on account or in full during the year
	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book/adjusted carrying value of long-term invested assets at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).

5.1 Class 1

5.2 Class 2

5.3 Class 3

5.4 Class 4 5.5 Class 5

5.6 Class 6

5.7 Totals

5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Community Choice Michigan

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 Over 1 Year Through Over 5 Years Through Over 10 Years Total from Col. 6 % From Col. 7 Total Publicly Total Privately Placed Col. 6 as a Quality Rating per the NAIC Designation 10 Years Through 20 Years Over 20 Years **Total Current Year** % of Line 10.7 Prior Year Prior Year Traded 1 Year or Less 5 Years (a) 1. U.S. Governments, Schedules D & DA (Group 1) .986,538 .1,485,939 .36.6 ..1,478,030 ..1,485,939 1.1 Class 1 ..14.6 1.2 Class 2 0.0 0.0 1.3 Class 3 ..0.0 .0.0 1.4 Class 4 0.0 0.0 0.0 1.5 Class 5 0.0. 1.6 Class 6 0.0 0.0 499.401 1.485.939 36.6 1.478.030 1.485.939 986.538 14.6 1.7 Totals 2. All Other Governments, Schedules D & DA (Group 2) ..740,081 1,988,779 .48.9 ...7,458,741 .73.4 ..1,988,779 2.1 Class 1 .1,248,698 .0.0 .0.0 2.2 Class 2 2.3 Class 3 ..0.0 .0.0 2.4 Class 4 0.0 0.0 2.5 Class 5 ..0.0 .0.0 2.6 Class 6 0.0 0.0 48.9 7.458.741 73.4 1.248.698 740.081 1,988,779 1,988,779 2.7 Totals 3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3) 0.0 0.0. 3.2 Class 2 0.0 ..0.0 3.3 Class 3 .0.0 .0.0 .0.0 3.4 Class 4 3.5 Class 5 0.0 0.0. 3.6 Class 6 0.0 0.0 3.7 Totals 0.0 0.0 4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4) 0.0 0.0 4.1 Class 1 4.2 Class 2 .0.0 .0.0 0.0 4.3 Class 3 0.0 0.0 4.4 Class 4 4.5 Class 5 0.0 .0.0 0.0 0.0 4.6 Class 6 4.7 Totals 0.0 0.0

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9.7 Totals

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Community Choice Michigan

SCHEDULE D - PART 1A - SECTION 1 (continued)

						d Carrying Values by N			s		
	1	2 Over 1 Year Through	3 Over 5 Years Through	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Placed
Quality Rating per the NAIC Designation		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
6. Public Utilities (Unaffiliated), Sched	dules D & DA (Group 6	5)									
6.1 Class 1						0	0.0	0	0.0		
6.2 Class 2						0	0.0	0	0.0		
6.3 Class 3						0	0.0	0	0.0		
6.4 Class 4						0	0.0	0	0.0		
6.5 Class 5						0	0.0	0	0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffil	iated), Schedules D &	DA (Group 7)									
7.1 Class 1	200 , 117	390,489				590 , 606	14.5	1,219,291	12.0	590,606	
7.2 Class 2						0	0.0	0	0.0		
7.3 Class 3						0	0.0	0	0.0		
7.4 Class 4						0	0.0	0	0.0		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	200,117	390,489	0	0	0	590,606	14.5	1,219,291	12.0	590,606	0
8. Credit Tenant Loans, Schedules D	& DA (Group 8)										
8.1 Class 1						0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	roup 9)									
9.1 Class 1						0	0.0	0	0.0		
9.2 Class 2						0	0.0	0	0.0		
9.3 Class 3						0	0.0	0	0.0		
9.4 Class 4						0	0.0	0	0.0		
9.5 Class 5						0	0.0	0	0.0		
9.6 Class 6						0	0.0	0	0.0		

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 Over 1 Year Through Total from Col. 6 Total Publicly Total Privately Placed Over 5 Years Through Over 10 Years Col. 6 as a % From Col. 7 Quality Rating per the NAIC Designation Through 20 Years Over 20 Years % of Line 10.7 1 Year or Less 5 Years 10 Years **Total Current Year** Prior Year Prior Year Traded (a) 10. Total Bonds Current Year 10.1 Class 1 .1,948,216 ..2,117,108 .4,065,324 100.0 XXX XXX ..4,065,324 .XXX. XXX. 10.2 Class 2 0.0 ..0.0 .XXX. 10.3 Class 3 XXX. .XXX. 10.4 Class 4 0.0. XXX. XXX 10.5 Class 5 0.0 XXX 0.0 XXX XXX 10.6 Class 6 0 10.7 Totals 1.948.216 4,065,324 100.0 XXX XXX 4.065.324 10.8 Line 10.7 as a % of Col. 6 47.9 52.1 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 0.0 11. Total Bonds Prior Year XXX 10.156.062 100.0 10.156.062 6.608.674 3.547.388 11.1 Class 1 XXX XXX 11.2 Class 2 0 0 11.3 Class 3 XXX XXX 0.0 11.4 Class 4 XXX XXX 0.0 11.5 Class 5 XXX XXX 0.0 11.6 Class 6 0 XXX XXX 0.0 .3,547,388 .XXX. .XXX. ..10, 156, 062 11.7 Totals ..6,608,674 ...0 .100.0 .10,156,062 11.8 Line 11.7 as a % of Col. 8 65.1 34.9 0.0 0.0 0.0 XXX XXX 100.0 XXX 100.0 0.0 12. Total Publicly Traded Bonds 4.065.324 4.065.324 12.1 Class 1 1.948.216 2.117.108 100.0 .10.156.062 .100.0 XXX 12.2 Class 2 0 0 0.0 XXX 0.0 XXX 12.3 Class 3 0.0 0.0 XXX 12.4 Class 4 0.0 XXX 12.5 Class 5 0.0 XXX 12.6 Class 6 0.0 0.0 12.7 Totals 100.0 .10,156,062 .4,065,324 .100.0 XXX 12.8 Line 12.7 as a % of Col. 6 47.9 .52.1 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 XXX 12.9 Line 12.7 as a % of Line 10.7. 47.9 52.1 0.0 0.0 0.0 100.0 XXX XXX XXX Col. 6, Section 10 13. Total Privately Placed Bonds XXX 13.1 Class 1 13.2 Class 2 0.0 0.0 XXX 13.3 Class 3 0.0 0.0 XXX 13.4 Class 4 0.0 0.0 XXX XXX 13.5 Class 5 0.0 0.0 XXX 13.6 Class 6 0.0 0 0 13.7 Totals 0.0 0.0 XXX 13.8 Line 13.7 as a % of Col. 6 0.0 0.0 ..0.0 0.0 0.0 0.0 XXX. XXX XXX XXX. .0.0 13.9 Line 13.7 as a % of Line 10.7. 0.0 0.0 0.0 0.0 0.0 XXX XXX XXX XXX 0.0 Col. 6. Section 10

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues											
	Maturity Distribu	tion of All Bonds O		at Book/Adjusted C			pe of Issues				
	1	2	3	4	5	6	7	8	9	10	11
B	4.57	Over 1 Year	Over 5 Years	Over 10 Years	0 001/		Col. 6 as a %	Total from Col 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
1. U.S. Governments, Schedules D & DA (Group 1)	499.401	986,538	I			1.485.939	36.6	1,478,030	14.6	1.485.939	
1.1 Issuer Obligations	499 , 40 1	980,538				1,480,939	0.0	1,478,030		1,480,939	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities	100 101	000 500		^		1 105 000		4 470 000	0.0	4 405 000	
1.7 Totals	499,401	986,538	0	0	0	1,485,939	36.6	1,478,030	14.6	1,485,939	0
2. All Other Governments, Schedules D & DA (Group 2)	4 040 000	740 004	1			1.988.779	48.9	7.458.741	73.4	1.988.779	
2.1 Issuer Obligations	1,248,698	740,081				1,966,779				1,988,779	
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES Defined						0	0.0	0	0.0		
	• • • • • • • • • • • • • • • • • • • •					U	0.0		0.0		
2.4 Other							0.0		0.0		
2.5 Defined						0	0.0		0.0		
2.6 Other	4 040 000	740 004	^	_	^	· ·		U		4 000 770	_
2.7 Totals	1,248,698	740,081	0	0	0	1,988,779	48.9	7,458,741	73.4	1,988,779	0
3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)	1		ı			0	0.0	0	0.0		
3.1 Issuer Obligations						0	0.0	0 0	0.0		
3.3 Defined						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
3.5 Defined						0	0.0	Q	0.0		
3.6 Other						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Sched	lules D & DA (Group 4)										
4.1 Issuer Obligations						0	0.0	0	0.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 4.3 Defined						0	0.0	0	0.0		
4.4 Other						0	0.0	Ω	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES						0	0.0	0	0.0		
4.5 Defined						0	0.0	ñ	0.0		
4.6 Other		_	_	_		0	0.0	0	0.0		_
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, School	tules D & DA (Group 5)		ı					_	0.0		
5.1 Issuer Obligations						0	0.0	0	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities						L0	0.0	0	0.0		
5.3 Defined						0	0.0	0	0.0		
5.4 Other			1			0	0.0	0	0.0		
5.5 Defined						0	0.0	0	0.0		
5.6 Other						0	0.0	0	0.0		
5.7 Totals	Λ	0	Λ	0	Λ	0	0.0	0	0.0	Λ	Λ
U.1 TURIS	U	U	U	U	0	U	0.0	U	0.0	U	U

SCHEDULE D - PART 1A - SECTION 2 (continued)

		Maturity Distribution		December 31, at Book	/Adjusted Carrying Va	lues by Major Type an	d Subtype of Iss				
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year Through	Over 5 Years	Over 10 Years			Col. 6 as a	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)		<u> </u>	•							
6.1 Issuer Obligations						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						0	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffiliated), Schedul	es D & DA (Group 7)										
7.1 Issuer Obligations	200 , 117	390,489				590,606	14.5	1,219,291	12.0	590,606	
7.2 Single Class Mortgage-Backed/Asset-Based Securities	,	,				0	0.0	0	0.0	,	
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined						0	0.0	0	0.0		
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						0	0.0	0	0.0		
7.6 Other						0	0.0	0	0.0		
7.7 Totals	200,117	390,489	0	0	0	590,606	14.5	1,219,291	12.0	590,606	
8. Credit Tenant Loans, Schedules D & DA (Group 8)										
8.1 Issuer Obligations						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
9. Parents, Subsidiaries and Affiliates, Schedules D	& DA (Group 9)										
9.1 Issuer Obligations	` '					0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						0	0.0	0	0.0		
9.6 Other						0	0.0	0	0.0		
9.7 Totals	0	0	0	n	n	0	0.0	0		0	

SCHEDULE D - PART 1A - SECTION 2 (continued) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Maturity Distrib	ution of All Bond	s Owned Decemb		justed Carrying V			f Issues	•	•	•	
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years		Total		Total From Col. 6		Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	1,948,216	2, 117, 108	0	0	0	4,065,324	100.0	XXX	XXX	4,065,324	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	1,948,216	2,117,108	0	0	0	4,065,324	100.0	XXX	XXX	4,065,324	0
10.8 Line 10.7 as a % of Col. 6	47.9	52.1	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	6,608,674	3 , 547 , 388	0	0	0	XXX	XXX	10 . 156 . 062	100.0	10, 156, 062	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	6.608.674	3.547.388	0	0	Ů.	XXX	XXX	10.156.062	100.0	10.156.062	0
11.8 Line 11.7 as a % of Col. 8	65.1	34.9	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds	00.1	01.0	0.0	0.0	0.0	7////	AAA	100.0	AAA	100.0	0.0
12.1 Issuer Obligations	1.748.099	1,726,619				3.474.718	85.5	10 . 156 . 062	100.0	3,474,718	XXX
12.1 Issuel Colligations 12.2 Single Class Mortgage-Backed/Asset-Backed Securities	1,740,099	1,720,019			†	3,474,710	0.0	10, 130,002	0.0	3,474,710	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES										U	ΛΛΛ
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other					•	n	0.0		0.0		XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES					•					υ	ΛΛΛ
12.5 Defined						0	0.0	0	0.0	0	XXX
	200.117	390.489			•	590.606	14.5	0 0	0.0	590.606	XXX
	1,948,216	2,117,108	0	0	0	4.065,324	100.0	10,156,062	100.0	4,065,324	
12.7 Totals	47.9	52 . 1	0.0	0.0	0.0	100.0	XXX		XXX	100.0	XXX
	47.9	52.1 52.1	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	47.9	JZ. I	0.0	0.0	0.0	100.0	۸۸۸	۸۸۸	۸۸۸	100.0	۸۸۸
13. Total Privately Placed Bonds						_	0.0	_		VVV	
13.1 Issuer Obligations						0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities							0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES							0.0		0.0	VVV	
13.3 Defined						Hō	0.0	0		XXX	0
13.4 Other						0	0.0	0	0.0	XXX	10
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES						_	0.0	_		VVV	_
13.5 Defined							0.0	0	0.0	XXX	j0
13.6 Other						0	0.0	0		XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

	Short-Term Investments				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliate
Book/adjusted carrying value, prior year	5,614,022	3,982,716	0	1,631,306	
Cost of short-term investments acquired	8,002,667	2,498,633		5,504,034	
Increase (decrease) by adjustment	18,650	18,650	0		-
Increase (decrease) by foreign exchange adjustment	0				
Total profit (loss) on disposal of short-term investments	0		0		
Consideration received on disposal of short-term investments		6,000,000		490,995	
7. Book/adjusted carrying value, current year	7 ,144 ,344	499,999	0	6,644,345	
Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)		499,999	0	6,644,345	
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	7,144,344	499,999	0	6,644,345	
12. Income collected during year	298,344	169,712		128,632	
13. Income earned during year	312.005	125.661		186.344	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

	Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year 1 2 3 4 5 6									
1	2	3	4	5	6	7				
NAIC Company	Federal ID									
Code	Number	Effective Date	Name of Company	Location	Paid Losses	Linnaid Losses				
90611	41-1366075	03/01/2007	HCC Life Insurance Company	Kennesaw GA	100 223	Unpaid Losses				
0599999 - Acci	dent and Health	Non-Affiliates	Name of Company HCC Life Insurance Company	Normodul Or.	100,223	0				
0699999 - Tota	Is - Accident and	d Health			100,223	0				
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SCHEDULE S - PART 3 - SECTION 2

			Re	einsurance Ceded Accident and Health Insu	rance Listed	by Reinsuring Con	npany as of Decembe	er 31, Current Year				
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID						Unearned Premiums	Taken Other than for Unearned Premiums			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company HCC Life Insurance Company	Location	Туре	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
92711	35 - 1817054	03/01/2007	HCC Life Insurance Company	Kennesaw GA	SSL/1/L	304,265						
0299999 -	· Total Authorize	d General Account	- Non-Affiliates			304,265						
0399999 -	· lotal Authorize	d General Account				304,265						<u> </u>
0799999 -	· lotal Authorize	a and Unauthorize	d General Account		1	304,265						
		•			·· · ·····	•						
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1599999	Totals					304,265						

4

SCHEDULE S - PART 4

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
													Sum of Cols
NAIC					Paid and Unpaid					Funds Denosited by			9+10+11+12+13
Company	Federal ID	Effective		Reserve Credit	Losses Recoverable		Total			Funds Deposited by and Withheld from		Miscellaneous	But Not in
Company	Number		Name of Deignann		LUSSES RECOVERABLE	Other Debite		1 -++ f O dit	T A	Deinester	Other		
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Other Debits	(Cols. 5+6+7)	Letters of Credit	Trust Agreements	Reinsurers	Other	Balances (Credit)	Excess of Col. 8
						VO							
	· · · · · · · · · · · · · · · · · · ·												
								• • • • • • • • • • • • • • • • • • • •					
1199999	Total	•											

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	(000 Offitted)										
		1 2007	2 2006	3 2005	4 2004	5 2003					
A. (DPERATIONS ITEMS										
1.	Premiums	0	0	0	0	0					
2.	Title XVIII-Medicare	0	0	0	0	0					
3.	Title XIX-Medicaid	304	310	259	498	325					
4.	Commissions and reinsurance expense allowance		0	0	0	0					
5.	Total hospital and medical expenses		0	0	0	0					
В. І	BALANCE SHEET ITEMS										
	Power and the second settle		0	0	0	0					
6.	Premiums receivable				0						
7.	Claims payable		0	0	0	0					
8.	Reinsurance recoverable on paid losses	100	132	176	0	0					
9.	Experience rating refunds due or unpaid		0	0	0	0					
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0					
11.	Unauthorized reinsurance offset	0	0	0	0	0					
	JNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)										
	Funds deposited by and withheld from (F)		0	0	0	0					
	Letters of credit (L)		0	0	0	0					
14.	Trust agreements (T)	0	0	0	0	0					
15.	Other (O)	0	0	0	0	0					

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sheet to identify Net C	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	31,641,502		31,641,502
2.	Accident and health premiums due and unpaid (Line 13)	1,441,496		1,441,496
3.	Amounts recoverable from reinsurers (Line 14.1)	100 , 223	(100,223)	0
4.	Net credit for ceded reinsurance.	xxx	100,223	100,223
5.	All other admitted assets (Balance)	4,181,806		4,181,806
6.	Total assets (Line 26)	37,365,027	0	37,365,027
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	13,999,534	0	13,999,534
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17)	0		0
11.	Reinsurance in unauthorized companies (Line 18)	0		0
12.	All other liabilities (Balance)	13,878,599		13,878,599
13.	Total liabilities (Line 22)	27 ,878 ,133	0	27 , 878 , 133
14.	Total capital and surplus (Line 31)	9,486,894	XXX	9,486,894
15.	Total liabilities, capital and surplus (Line 32)	37,365,027	0	37,365,027
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool.	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	100,223		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	100,223		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	. 0		
27.	Total net credit for ceded reinsurance	100,223		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

				Direct Rue	iness Only		
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
District of Columbia							
	FL						
	GA						
12. Hawaii							
	ID						
13. Idaho							
14. Illinois		l	-		}	l	}
15. Indiana							
16. lowa	IA						
17. Kansas	KS	ł	-		}	}	}
18. Kentucky							
19. Louisiana							
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts 23. Michigan 24. Minnesota	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi							
26. Missouri							
27. Montana							
28. Nebraska					• • • • • • • • • • • • • • • • • • • •		
29. Nevada					• • • • • • • • • • • • • • • • • • • •		
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York							
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania			<u> </u>				<u> </u>
40. Rhode Island		<u> </u>			L		<u> </u>
41. South Carolina							
	SD			• • • • • • • • • • • • • • • • • • • •			
43. Tennessee	TN						
	TN						
			-			l	·····
45. Utah							
46. Vermont	VT						
47. Virginia		·	-		····	·	}
48. Washington						····	
49. West Virginia							
50. Wisconsin						ļ	ļ
51. Wyoming							
52. American Samoa	AS						
53. Guam							[
54. Puerto Rico							
55. U.S. Virgin Islands							
• g				• • • • • • • • • • • • • • • • • • • •			
56 Northern Mariana Islands	MD						
56. Northern Mariana Islands	CN						

53

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 2 3 4 5 6 9 10 11 12 15		PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
Name of floarments Payable Pay	1	2	3	4	5	6	7	8	9	10	11	12	13
Company Foderal ID Number of Issuers and Parent, Subadiante or Affinises Shareholder Company Cope Insured Cope													
Pederal D						Purchases, Sales or	(Disbursements)						
Note Posteral ID Name of Insurers and Parent, Subsidiaries or Affiliates Posteral ID Poste						Exchanges of							
Note Posteral ID Name of Insurers and Parent, Subsidiaries or Affiliates Posteral ID Poste						Loans, Securities,	Connection with		Income/		Any Other Material		Recoverable/
Foctors Foct						Real	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on Losses
Pedient ID Code C	NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		and/or Reserve
Code Number Names of Insures and Parent, Sicilations or Affidises Dividends Contributions Investments Affidiates \$8,000 \$0,000 \$8,000 \$9,000 \$8,000 \$9,000	Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
38-279907 Family Intell Center Stitle Orek S59 (25 S50 (125 S59 (Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments		Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
33 - 2670075		38-2170985	Alcona Health Center				` ′	.482,521	~			.482,521	` *
38-265007 (4 first) par heal its Services (5 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) par he		38-2679075	Family Health Center - Battle Creek					559.125				559.125	
38-265007 (4 first) par heal its Services (5 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) par he		38-2406558	Hamilton Family Health Center					71,596				71,596	
38-265007 (4 first) par heal its Services (5 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) par he		38-2290337	Thunder Bay Community Health					186,822				186,822	
38-265007 (4 first) par heal its Services (5 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) par he		38-2053619	Baldwin Family Health Care					213,561				213,561	
38-265007 (4 first) par heal its Services (5 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) (4 first) par heal its Services (7 first) par he		23-7107569	Family Health Center - Kalamazoo					310,141				310,141	
38-21507252 East Jordan Family Heal If Noter		38-1908328	Health Delivery Inc			Ī							
38-21507252 East Jordan Family Heal If Noter		38-2168007	Mid Michigan Health Services			I		130,040		Ī			
38-21507252 East Jordan Family Heal If Noter		38-2853534	Cherry Street Health Services			I		437, 284				437 284	
Sac Family Medical Center 286 286		38-2150252	East Jordan Family Health Center			I		118 382		I		118 382	
38-2009594 Interiar Community Health Network. 673,631 673,631 673,631 673,631 6723 6562 38-2322716, Community Choice Michigan 11,467,688 11,467,688 11,467,688		38-2308659	Family Medical Center					285				285	
31-1703371 Care Source Management Group. 11.467.658 11.467.658		38-2009364	Intercare Community Health Network					673 631				673 631	
31-1703371 Care Source Management Group. 11.467.658 11.467.658		38-2205859	Sterling Area Health Center					46 723				46, 723	
31-1703371 Care Source Management Group. 11.467.658 11.467.658	95562	38-3252216	Community Choice Michigan					(15, 300, 647)			•	(15, 300, 647)	
	3000 <u>Z</u>	31-1703371	Care Source Management Group					11 467 658			• • • • • • • • • • • • • • • • • • • •	11 467 658	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES.
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES.
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
which	illowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory	e will be printed below. If the
	MARCH FILING	
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
14.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
15.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
16.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
9.	ANATION:	
12. 13. 14. 15.		
9. 10. 11. 12. 13.	CODE:	

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